

Ask the Doctor

Summarized by Thomas T. Thomas

Our March open meeting hosted **Jeffrey Johns, MD**, psychiatrist supervisor of Berkeley Mental Health (BMH) as well as a practicing psychiatrist, who has spoken at NAMI East Bay before. He brings us the perspective of both a practitioner dealing with individual patients and administrator of a system serving the community.

Dr. Johns said he had been a year and a half in his position, five years with BMH all told, and before that was a psychiatrist with the Air Force. He said that his comments reflected his views as an individual and not those of the organization.

The biggest news at BMH, he said, was the appointment in January of a new mental health manager, Stephen Grolnic-McClurg, formerly with Contra Costa County. “Steve’s in a listening campaign right now,” Dr. Johns said, but he will soon help the organization become more efficient, clarify BMH’s relationship with Alameda County’s mental health services, and look at how BMH is spending Mental Health Services Act (MHSA) dollars.



JEFFREY JOHNS, MD

Dr. Johns then opened the floor to questions.

Q. Our son is 24 and has difficulty launching. Living at home is not a good option for either him or us. What resources are available for housing support?

There are not many options, unless you have a whole lot of money. Most people with a mental illness are on Medicare or MediCal and Supplemental Security Income (SSI). Affordable housing is difficult in the Bay Area. There used to be board-and-care facilities—of varying quality—but their numbers have been decreasing over the years.

As an organization, BMH tries to help clients find housing. Clients may be homeless for different reasons, and we do try to get them into shelters. Getting into subsidized housing takes a long time.

NAMI East Bay President **Liz Rebensdorf** noted that cooperative community housing on the model of Cesar Chavez Plaza in Davis, California, could be made available, but that such facilities take tremendous human energy for organizing, obtaining permits, and building the housing.

Q. My son needs things to do to take him out of himself. How can we reduce isolation?

We all need to be engaged in something, in some meaningful activity. It’s therapeutic to keep the mind active and focused. BMH recognizes a lack of services in this area, and the organization is partnering with other agencies in the

community. BMH held a staff meeting on this issue in March, but we don't have a report yet.

NAMI EB Board Member **Marcela Sabin**, who is also a BMH family advocate, said she was willing to restart family consultation services in order to address isolation. Contact her at masabin2000@yahoo.com.

NAMI EB Co-President **Margot Dashiell** described her work under an Innovation Grant, funded by the Evelyn and Walter Haas, Jr. Fund through U.C. Berkeley, to bring activities to the single-room occupancy (SRO) housing residents—most of them under BMH care—at a downtown hotel. At present, the residents receive only case management, breakfast, and dinner but no other services. Starting in June or July, the program will bring in activities three times a week in choral music, physical exercise like line dancing and yoga, and cognitive restructuring to treat hallucinations, using computer programs similar to those developed for dementia patients by Dr. Sophia Vinogradov at U.C. San Francisco's Department of Psychiatry.

Q. My son take Zyprexa, but there's a risk of diabetes. Is Abilify an alternative? And why don't the state hospitals prescribe Abilify?

Zyprexa (generic: Olanzapine) is an atypical antipsychotic. It's one of the strongest, but also one of the most dangerous of these medications. Patients may experience weight gain at a high rate—sometimes as much as 100 pounds—while others seem to do okay on it. Diabetes usually follows a slow progression with weight gain, but there are cases of people developing diabetes without weight gain on Zyprexa. The normal course with Zyprexa is to do regular weight testing as well as blood tests for cholesterol and glucose.

Abilify (generic: Aripiprazole) is another atypical antipsychotic. It has fewer side effects like weight gain than Zyprexa, but it is also generally less effective. As to moving from the one to the other, it's best to move slowly. I can't prescribe specifically, but if your son is at the maximum dose of Zyprexa—about 20 milligrams per day—then you would want to lower that dosage slowly while starting Abilify at about 5 mg and increasing it slowly. Of course, in a hospital setting we can transition the medications more quickly.

As to prescription practices at state hospitals, understand that Zyprexa is now available generically at a reasonable cost. Abilify is available only as a brand-name medication at high cost and will not be available generically until April 2015 at the earliest.

Q. If someone was doing well on Abilify, then had psychotic episodes, could he go back to Abilify and do as well again?

Some people tolerate a medication well, it works and goes on working for years. Many people, however, take a medication for a few years, then get sick. Most drug studies are only short term—12 to 16 weeks—and so we don't know what happens over the course of several years.

Q. My son has schizo-affective disorder and can't sleep. Are there any good over-the-counter (OTC) sleep medications?

Sleep is critical, and good ways to induce it are exercise, stress reduction, and avoiding substances like alcohol, caffeine, and recreational drugs. I can't recommend medications, but we don't have a lot of data that OTC sleep remedies

do much good. Most people take Benadryl (generic: Diphenhydramine), but it has some side effects and you can overdose on it. Melatonin is relatively safe, but you have to get the dosage just right to be effective.

People are also using cognitive behavioral therapy (CBT) to encourage sleep. Allison Harvey, PhD, of the Golden Bear Sleep and Mood Research Clinic at U.C. Berkeley is working of ways to improve sleep.

Q. We see articles about talk therapy replacing medication. What is the sense in the field?

Robert Whitaker's books *Anatomy of an Epidemic* and *Mad in America* are challenging the use of antipsychotic medications. He's a good journalist and thought provoking. And in truth, we don't know everything we should about the long-term use of these medications, because the studies are all short term. He's right that hospitalization and disability rates are going up, but many variables confound the situation and it's hard to get good data.

We have to be careful when starting medications, especially in giving antipsychotics to teenagers. A lot of young people have psychotic symptoms as a result of stress that don't develop into schizophrenia. We're still not good at predicting who will get this disease, and by giving medications we are changing the nature of the brain and the illness—that's what we prescribe them to do.

If your loved one is considering going off medication, that's something that should be done slowly, by tapering. Going off medications abruptly is always bad. Medications are only a tool, and clients should also get personal support, avoid stress and retraumatization, and obtain housing and employment—but these approaches take time and energy.

Q. We've just come from Southern California. What services does BMH offer?

Berkeley is unique in running its own mental health services, which are usually offered at the county level in California. We have three basic programs: for adults 18 years and older; for family, youth, and children; and a Mobile Crisis Team, which includes outreach to homeless people. We offer a safety net for people with nowhere else to go, as well as programs paid for by the MHSA.

Adult services include case management and medication offered at three levels: full-service partnerships, with about 12 clients per case manager; comprehensive community treatment, for people needing fewer services, about 25 clients per manager; and meds only, for people who see a doctor for prescriptions but require few other services.

Q. If someone needs to see a psychiatrist to get medication, where should he go?

Berkeley and Albany residents and homeless people in Berkeley can go to the BMH office at 2640 Martin Luther King Jr. Way, open 8 am to 4 pm Monday to Friday, and 11:30 am to 10 pm Saturday and Sunday. Nonresidents should go to Sausal Creek Outpatient Stabilization Clinic in Oakland, which also has longer hours. BMH is not an emergent care center, but there's a shift in county practice to improving the intake process.